CIVIL RIGHTS COMPLAINT 42 U.S.C. § 1983

FILED IN CLERK'S OFFICE U.S. DISTRICT COURT E.D.N.Y.

UNITED STATES DISTRI	CT COURT
EASTERN DISTRICT OF	NEW YORK

SEP 13 2011

Full name of plaintiff/prisoner ID# 55%93

LONG ISLAND OFFICE

Plaintiff,

11-CV-2481 (JS) JURY TRIAL DEMAND

YES____NO____

Enter full names of defendants [Make sure those listed above are identical to those listed in Part III.] Individually and in their Official

Capacities.

Defendants.

- I. Previous Lawsuits:
 - Have you begun other lawsuits in state or federal court A. dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (x)
 - В. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)
 - 1. Parties to this previous lawsuit:

Plaintiffs:		TECENIA.
Defendants:		EDNY PROSE
2. Court (if federal c if state court, nam	ourt, name the district; ne the county)	OFFICE.

3. Docket Number:

	4. Name of the Judge to whom case was assigned:
	5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
	6. Approximate date of filing lawsuit:
	7. Approximate date of disposition:
I.	Place of Present Confinement:
	A. Is there a prisoner grievance procedure in this institution? Yes () No ()
	B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ()
	C. If your answer is YES,
	1. What steps did you take?
	2. What was the result?
	D. If your answer is NO, explain why not
	E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()
	F. If your answer is YES,
	1. What steps did you take?
	2. What was the result?

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff <u>CHAD.S. Johnson</u>
Address <u>Riverhead</u>, Ny, 11901, 110 Center Drive

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1	Suffolk County
ži:	
Defendant No. 2	Sean Comiskay, Shield#1251 30 yaphank Ave yaphank, Ny 11980
Defendant No. 3	Michael 30to, Shield# 1156 30 Maphank Uve Yaphank, Ny, 11980
Defendant No. 4	Bean P. Meguaid Shield# 1319 30 yaphank che yaphank, Ny 11980
Defendant No. 5	

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

On May - 24-2010 SUFFOIL County Police Depostment 30 yaphank No
Ny. 11980, Michael Soto, Bon P. Meguard, & Soun Comistay Violated my 5th amound. Fight when I suis Computed to be a withinss against my Set.
5th arrend. Fight when I was comprised to be a withings against myset.
Second my 6th amend sight was violated when Mitheal Soto, Sean P. Megra
3 Soun Comistray devised my sequest for Junsel numerous times while acting
under color of State law.
The d My 8th ward Fight was wolated Tuben I was sudjected to Crole Donoson
Punishment. The cut's pophysical abose over a course of time in which
"Sear ? Megunid zas Chowing, Smarking, zurching vie. 1/80 wise as
Sean Comishay sunthed me numerous times & Changed mais Milheal 30 to
Sean Comiskey punched me numerous times & Charled mais Milhou / 30 to Punched me in and step on my testicles as well as Cholding, punching & Kicking me.
Kicking me.
IV.A If you are claiming injuries as a result of the events you are complaining about,
describe your injuries and state what medical treatment you required. Was
U Bustained bruise to my Shoulder, Cut & bruise above my
Icff eve bruisas to the right Side of my fale Statches to
My Nork, Flagfant migraines, Constant nightmoses, depression.
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*

Fourth each defendent was acting "under color of State law" while in violation of My Fourteenth amendment Due Process Clause, having no good intention while discharge of their official duties.

Fifth exibit. A within this complaint is where my lawyer states the bruisary I recivied from being beat up by a defendants.

he hus seen

V. Relief:

aMAY. 27. 2010, 4:276M asar6316522835

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DISTRICT COURT

10.603 P. 20_{€ 35}

People v. Johnson

He has been in school, college, has been working at Stop and Shop. I ask the Court to set reasonable bail. There are a couple of things I would like to say. I have had an opportunity to speak to my client before coming out here this morning. It's apparent to me, what he has cold me and my observation, that he was subjected to being beaten by the police officers while in custody. For the record, your Honor, I would like to note that his left arm, which is covered by his shirt at the present time -- he did show me in lock-up there was an injury on his shoulder, on the arm area. Above his left eye there is a mark. Above his eyebrow and the right side of his face. to the right and above his eye, is an injury. I am going to ask the Court to direct he be given a medical examination when he goes back to the jail. And that is based on the threats he received from the police officers at the time that he was taken into protective custody while at jail.

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